

Case File Number:

COUNTY OF LEXINGTON COMMUNITY DEVELOPMENT DEPARTMENT

 $212\ South\ Lake\ Drive,\ Ste.\ 401,\ Lexington,\ SC\ 29072\ Phone:\ (803)785-8121\ Fax:\ (803)785-8188\ Email:\ CDC us to mer Service@lexington country.sc.gov$

VIOLATION COMPLAINT FORM

*Complainant Name:	
*Complainant Address:	_
*Complainant Day-Time Phone:	
Complainant Email:	
*Violation Location:	
*Nature of Complaint:	
IT IS MY DESIRE TO FILE A FORM ISSUE AND LOCATION:	MAL COMPLAINT REGARDING THE ABOVE MENTIONED
SIGNATURE:	DATE:
*Indicates required fields that should be completed. F	Failure to provide complete/accurate information may limit the ability to fully address a situation.
YES- I wish to be contacted regar	rding status of complaint
NO- I do not wish to be contacted	
or Community Development Use Only	
Date Received:	
Division:	
☐ Zoning ☐ Landscape	
☐ Building Inspections ☐ Code Enforcement ☐ Other	